

READY TO MAIL YOUR APPLICATION?

When you are ready to mail your application, place the forms to be sent to the Board in the following order:

☐ **COMPLETE PAGES 1-7 OF THE APPLICATION PACKET. ATTACH YOUR CHECK TO PAGE 1 OF THE APPLICATION.**

☐ **CERTIFICATION OF POSTGRADUATE TRAINING FORM – FORM A**

This form must be submitted to every U.S. or Canadian training facility for every medical graduate completing postgraduate training. **No whiteouts or strikeouts are accepted.** The Program Director should complete the form and return it to you in a **sealed envelope**. **Have the Program Director to sign his/her name across the back of the envelope. Do not open the envelope;** send it with your application packet. **Altered envelopes which contain official, original, certified official documents will not be accepted.**

☐ **REFERENCE FORM – FORM B**

Three **Reference Forms** are required - one each from licensed physicians who have known you and have been familiar with your practice for **more than six months**. If you are currently in residency training, a reference form from your program director is required. Complete your part of this form by filling out your name, address, etc. **DO NOT COMPLETE THE SECTION FOR THE REFERENCE SOURCE.**

In addition, the forms must meet the following criteria:

- Sent by licensed physicians familiar with your practice and who have known you more than six months.
- Original signature and date of signature of reference source.
- **The date of the reference source's signature is invalid six months from the date it was signed.**
- It is preferable that one be sent by the Program Director or Chief of Service for those who have recently completed residency training, or the last hospital where staff privileges were held.
- **Faxed forms are not accepted.**

The Physician should complete the reference form and return it to you in a **sealed envelope**. **Have the physician sign his/her name across the back of the envelope. Do not open the envelope;** send it with your application packet. **Formal letters of reference are not accepted** in lieu of the Reference Form because questions on the form are required to be answered by the Composite State Board of Medical Examiners. **Altered envelopes which contain official, original, certified official documents will not be accepted.**

☐ **VERIFICATION FORM FOR CLINICAL CLERKSHIPS DONE IN THE U.S. FORM – FORM D**

All international medical school graduates who attended medical schools where the clinical clerkships were done in ACGME approved teaching hospitals, must complete this form. The **Institution or Program Director** should complete the form and return it to you in a sealed envelope, with the **Institution seal stamped across the back of the envelope**. Do not open the envelope; send it with your application packet. **Altered envelopes which contain official, original, certified official documents will not be accepted.**

☐ **MALPRACTICE QUESTIONNAIRE FORM – FORM E**

Complete this form whether or not you have ever had malpractice suits filed against you. Copies of the Plaintiff's Complaint and either the Settlement agreement or Dismissal Order are required by the Board. The copies must be provided in an 8-1/2 by 11 format. For civil actions, provide all documentation of complaint and settlement agreement or dismissal order. The Armed Forces has their documentation dealing with the same areas of complaint and adjudication – these must be provided as well. These can be your own copies or copies obtained from your attorney or the county court of jurisdiction or Armed Forces branch of service.

☐ **INTERNATIONALLY TRAINED PHYSICIANS ONLY – CLINICAL ROTATION/CLERKSHIPS – FORM F**

All International Medical School graduates must complete this form, per INSTRUCTIONS. Clerkships completed in the US must be in an ACGME approved teaching hospital.

☐ **SPECIFIC POWER OF ATTORNEY – FORM G**

If you want an agency or other individuals who you designate to handle the application process, a Specific Power of Attorney form must be **signed and notarized** in order to for the staff to discuss your application status with anyone other than the applicant.

☐ **CV/RESUME**

The Georgia Composite State Board of Medical Examiners requires that applicants for licensure provide Curriculum Vitae. This document should be a chronological representation of all **education, employment and medical activities, including your present position, employment, and specialty. Give a complete chronological accounting of any gaps in training or experience.**

☐ **MEDICAL SCHOOL TRANSCRIPT(S)**

You will need to contact your medical school to determine what information they need to send you a transcript of courses and grades that made up your medical education. Please have the school to stamp their **school seal** across the **back** of the envelope. When you receive this document, **do not open the envelope**. Send the unopened envelope with your application packet. **Altered envelopes which contain official, original, certified official documents will not be accepted.**

☐ **NATIONAL PRACTITIONER DATA BANK (NPDB)/HEALTHCARE INTEGRITY AND PROTECTION DATA BANK (HIPDB)**

These data banks are mandated by Congress to track regulatory Board disciplinary actions and certain actions resulting from peer review and malpractice payments. This is to advise you that you must **self-query** the NPDB and the HIPDB on your own as part of the application process for a Georgia medical license. Simply query the data bank using the Internet address at www.npdb-hipdb.com, then click on Perform a Self-Query from the Quick List on the home page, or call 1-800-767-6732 from 8:30 am to 6:00 pm EST (8:30 to 5:30 on Fridays). When you receive the response, **do not open the envelope – send the envelope, unopened, directly to the Board along with your application packet.** **Altered envelopes which contain official, original, certified official documents will not be accepted.**

You do not have to submit this NPDB-HIPDB report if:

- **You are presently unlicensed in any state;**
- **You have only held a temporary, limited or training license;**
- **Or if you are a Canadian licensed physician.**